REQUEST FOR REIMBURSEMENT NSP PROGRAM

1. MAIL 3	COPIES (ORIGINAL SIGNATURES) TO:	2.TYPE OF PAYMENT	3. RECIPIENT ORGANIZATION
	•		(Name, Address & Telephone Number)
Asset Ma	ınager	Advance	
COLORADO DIVISION OF HOUSING 1313 Sherman Street, Room 518 Denver, CO 80203 303-866-5306		Reimbursement	
		Final	
4.	PERIOD COVERED BY THIS REQUEST	5. PAYMENT REQUEST	6. CONTRACT ENCUMBRANCE NUMBER:
FROM:	TO:		
	DUDDOOF FOR FUNDO REQUESTED 1:	#	
7. PURPOSE FOR FUNDS REQUESTED. List by Activity, Budget Category and Amount.			
8. COMPUTATION OF AMOUNT OF REIMBURSEMENT REQUESTED			
a. TOTA	AL NSP EXPENDITURES		\$
b. TOTAL NSP PAYMENTS PREVIOUSLY REQUESTED			\$
			•
c. CASI	H ADVANCE PROJECTED FOR PERIO		\$
	(not to exceed a 30 day perio	ou)	
d. NSP	PAYMENT NOW REQUESTED (Line 8	Ba Minus Line 8b)	\$
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9. CERTIFICATION: I certify to the best of my knowledge and belief the data above is correct and that all			
expenditures were made in accordance with the grant requirements.			
SIGNATURE OF AUTHORIZED OFFICIAL			
NAME AND TITLE (Type or Print)			
DATE SUBMITTED:			
Name & Telephone Number of Person Completing Report if Different			
II			

EXHIBIT II-B

INSTRUCTIONS - DIVISION OF HOUSING REQUEST FOR REIMBURSEMENT

- Block 1: Send 3 copies of your requests, **ALL SIGNED IN ORIGINAL**, to **YOUR ASSET MANAGER** who will approve and sign the forms for payment processing.
- Block 2: Specify the type of payment. One or both of the items may apply. Specify whether this is a partial or final reimbursement.
- Block 3: The recipient organization is the grantee with whom the state contract is made. In some cases, the grantee may sub-contract with another organization, but checks from the state can only be made payable to the grantee named in the contract.
- Block 4: The period covered by the request is the period in which the incurred expense is to be paid by the grantee. The Request for Reimbursement is submitted when funds are required to reimburse funds for services, which have already occurred.
- Block 5: Specify payment request numbers in numerical order for the entire grant. If a request is returned to the grantee to be corrected, changed, or re-submitted, please number the payment request the same as the one that is being replaced.
- Block 6: The Contract Encumbrance Number is located in the second paragraph of the contract between the State and the grantee. This number is a __-digit number preceded by an (e.g., or).
- Block 7: The purpose for funds request is to explain to whom and how much is anticipated to be paid. For an audit trail for your files, backup documentation should be attached to each request to support it.

 Please indicate the amount for each budget category, project number, etc. in this space.
- Block 8: Total NSP expenditures that appear in the grantee's (or sub-grantee's) accounting records at a specific date should be entered on this line. Accounting records are normally closed on the last day of the month. This line includes the total sum of actual cash disbursements charged to the grant from the contract execution date to the date that is to be specified. Do not include any expenditures against your Program Income on this line. Use only expenditures on the NSP grant.
- Block 9: The form should be signed by the appropriate authorized official. This could be a person, such as the Mayor, who signed the State contract, or the responsible administrator named in the contract. If funds are drawn by someone such as the City/Town Clerk, or someone other than the person named in the contract, the Department would require a letter form the authorized official stating who is designated to request funds. Other information in this block is self-explanatory.